



**Alaska Division of Public Health**  
*Prevention Promotion Protection*

**Alaska Tuberculosis Program**

9210 Vanguard Dr Ste 102A, Anchorage, AK 99507 Phone (907)341-2207 Fax (907) 341-2249

**PPD ORDER FORM**

**Facility Name\*:** \_\_\_\_\_

Type of Facility (Check one): ☐ Public Health Center ☐ School District ☐ Private Clinic/Dr. Office  
☐ Hospital ☐ Long Term Care Facility ☐ Assisted Living Facility  
☐ Other \_\_\_\_\_

Name and Title of Licensed Provider\*: \_\_\_\_\_

Name of Designated Facility Contact\*: \_\_\_\_\_

Physical Address (No P.O. Boxes)\*: \_\_\_\_\_

Mailing Address (if different from above)\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_

E-Mail (optional) : \_\_\_\_\_ \*Mandatory fields

**Please allow up to 3 weeks for processing.**

**(Incomplete Order Forms will cause processing delays!)**

**We will notify you once your order is ready or shipped.**

Special Delivery Instructions: \_\_\_\_\_

**Anchorage/Mat-Su Area:** Providers will be able to pick up their supply at the Epidemiology Depot:  
9210 Vanguard Dr., Suite 102A, Anchorage, AK 99507

**All others:** Orders will be shipped in the most efficient manner e.g. Goldstreak, courier service.

**You are responsible for proper cold chain maintenance in a monitored refrigerator. Report all temperature excursions promptly to the Section of Epidemiology Drug Room at (907) 341-2207.**

**PPD(TUBERSOL®) ORDER: Store in a monitored refrigerator (2°-8°C or 35°-46°F)**

Order Date	Current Inventory	Estimated Quarterly Usage	Order Quantity	FOR OFFICE USE ONLY:
	_____ vials	_____ vials	_____ vials	Dispense date: _____ # of Vials dispensed: _____ Lot #: _____ Expiration Date: _____

**Note:** Each vial contains 1mL (10 tests x 0.1mL each)

**Please fax completed form to (907) 341-2249**